

FMS Indirect Service/Vendor Contract Review Summary Report

Form Content Updated 9/12/2007

Division of Services for People with Disabilities

Reviewer(s): Abee

Review Date:

% Sample (x/xx)

N=x, C=x, S=x, ST=x

Provider Name:

Provider ID:

Contract # A00

From: 7/01/2006

To: 6/30/2010

Review Location(s):

Allowed Codes: CH1,CO1,TF1,HS1,PA1,RP1,RP6,RP7,RP8,SL1,DTP,FP1

Compliance Ratings: Y = Yes; N = No; N/A = Not Applicable

Fiscal Monitoring Plan

Component	Compliance? (Yes / No / N/A)			Comments
Provider Qualifications				
Provider qualifications (license, experience, conflicts, etc.)	Yes XX	No	N/A	Major _____ Significant _____ Minor _____

Performance Measures

Does the Provider meet the deliverables required in the contract?	Yes XX	No	N/A	Major _____ Significant _____ Minor _____	Reference Page 2 & 3
---	-----------	----	-----	---	----------------------

Fiscal Monitoring

Billings from (client) providers are itemized in same categories as contracted budget?	Yes XX	No	N/A	Major _____ Significant _____	
Itemized billings are consistent with contracted budget? (Note: requires review prior to fund disbursement)	Yes XX	No	N/A	Major _____ Significant _____ Minor _____	
Onsite reviews of "costs of service" are in compliance with contracted budget?	Yes	No	N/A XX	Major _____ Significant _____ Minor _____	

Federal Assurances and Standard Terms

Annual self-certification signed? (Only required for multi-year contracts)	Yes	No	N/A	Major _____ Significant _____ Minor _____	
The sample of standard terms and/or Federal Assurances reviewed indicates compliance?	Yes XX	No	N/A	Major _____ Significant _____ Minor _____	
BCI, I-9, Conflict of Interest, Code(s) of Conduct, Indemnity Insurance; Emergency & Business Continuity Plan?					

Additional Requirements/Major Deliverables

	Yes	No	N/A	Major _____ Significant _____ Minor _____	
			XX		

Provider is Fiscal Agent to **SAS families** who process budget-controlled billable services through **provider name**. Agent has provided copies of all required client, worker, timesheet, paycheck documentation per **sample of** **cross-regional files** = **%** of payments. Additionally we have reviewed certain special areas of audit interest. DSPD Region staff have completed Support Coordinator SAS review tool on same sampled individuals.

Clair Abee / /2008

Contract Monitor Signature / Date

Clair Abee

Contract Monitor Name (Please Print)